

MANUFACTURED HOME DEALER--BUSINESS FACILITIES AFFIDAVIT

Safety & Buildings Division
Manufactured Home/Mobile Home Unit
201 W Washington Ave 4th Floor
P.O. Box 1355
Madison, WI 53701-1355

Phone: (608) 264-9596
Fax: (608) 267-0592
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Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

- **Fill in form completely, sign, and date.**
- **Submit completed form to the above address.**

Legal Name of Business
Trade Name or DBA
Street or RFD
PO Box
City / State / Zip + 4

I certify that the place of business listed above meets or will meet all the following business facility requirements under Adm 67 of the Wisconsin Administrative Code. Date facilities will be ready: _____.

YES **NO**

1. ☐ ☐ Are you located in a permanent building, not a residence, tent, or temporary stand?
2. ☐ ☐ Do you have an office within the building?
3. ☐ ☐ Does the building and premises comply with all local zoning, building codes, and permit requirements?
4. ☐ ☐ Do you have an exterior business sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.
5. ☐ ☐ Do you have a sign posted on or adjacent to the entrance door describing business hours?
6. ☐ ☐ Do you have a Manufactured home display lot? If Yes, the display lot must be within the same block or directly across the street from the main business location.
7. ☐ ☐ Is the business property owned by the dealership entity? If No, attach a signed lease agreement for the business location that is valid at least through the two-year licensing period.
8. ☐ ☐ Do you own and operate your own service department? If No, attach Service Agreement Form.
9. ☐ ☐ Is more than one business located at this address? If Yes, there are two additional requirements:
 - ☐ You must have a display lot that is separate from areas used by other licensees.
 - ☐ Submit a copy of the lease agreement between the owner of the property and the dealer along with a diagram of how the facilities are shared at the designated location.

If an inspection determines that the business facilities do not meet the requirements, I will voluntarily surrender the dealer license, plates, and salesperson licenses issued. I will discontinue operating as a dealer until an inspection verifies that the facilities are in compliance.

I declare that this is a true and accurate statement. I realize that my place of business is subject to inspection and any false statements regarding the above requirements will subject my license to revocation, suspension, or denial. I, as owner, partner, or office of the corporation have authority to sign this affidavit.

X

